

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: Taylor University

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 236 W. Reade Avenue, Upland, Indiana 46989-1001

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Alan Ours

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
236 W. Reade Avenue, Upland, Indiana 46989-1001

Telephone Number of Designated Agent: 765-998-5167

Facsimile Number of Designated Agent: 765-998-4940

Email Address of Designated Agent: alours@taylor.edu

Signature of Officer or Representative of the Designating Service Provider:
_____ **Date:** 8/11/03

Typed or Printed Name and Title: Ronald B. Sutherland
Vice President for Business and Finance

**Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee
Made Payable to the Register of Copyrights.**

RECEIVED

SEP 08 2003

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